

# Bureau of Motor Vehicles

## Driver Education & Motorcycle Rider Education Program Complaint Form

Please complete entire form and fax to 207-624-9158 or mail to:

Secretary of State  
BMV-Driver/Rider Education Program  
#29 State House Station  
Augusta, Maine 04333

**Submitting this form will not affect a student's driver education certificate, learner's permit, intermediate or provisional driver's license or full driver's license.**

You may contact the Driver Education and Motorcycle Rider Education Program at 207-624-9000 ext. 52128 or email to: [Driver.Education@Maine.gov](mailto:Driver.Education@Maine.gov).

(See other side for questionnaire)

Student's name: \_\_\_\_\_

Student's date of birth: \_\_\_\_\_

Student's history # on permit: \_\_\_\_\_

Parent or guardian's name: \_\_\_\_\_

Student's address: \_\_\_\_\_

Student's telephone number: \_\_\_\_\_

Providing the student's and/or parent's or guardian's name will enable the Bureau of Motor Vehicles to provide feedback that is desired and to follow-up on comments that need more investigation.

### FOR BMV USE ONLY

Complaint Number \_\_\_\_\_

Date Received \_\_\_\_\_

Name of driving school you attended \_\_\_\_\_

Address where you attended \_\_\_\_\_

Dates you attended \_\_\_\_\_  
(Provide Start and End Dates)

Classroom Instructor names: \_\_\_\_\_

In-car Instructor names: \_\_\_\_\_

Have you discussed your problem with anyone from the driving school? \_\_\_\_\_

Name(s) of the person contacted: \_\_\_\_\_

Date(s): \_\_\_\_\_

Results: \_\_\_\_\_

Provide a detailed explanation of your complaint (use additional sheets as needed):

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I certify under penalty of perjury that the information contained herein is true and correct to the best of my knowledge, information and belief. *(If under 18 years of age, parent/guardian must sign.)*

\_\_\_\_\_  
(Printed Name of Complainant) (Signature of Complainant) (Date)

\_\_\_\_\_  
(Printed Name of Parent/Guardian) (Signature of Parent/Guardian) (Date)